



CITY OF BEAUMONT

550 East 6th Street, Beaumont, California 92223
Attn: Business License Coordinator • (951) 769-8520

BUSINESS LICENSE APPLICATION

BOTH SIDES OF THIS APPLICATION MUST BE COMPLETELY FILLED OUT PRIOR TO ISSUANCE OF A LICENSE.
Please read this application thoroughly before signing declaration. This application is not a permit to do business, you may be required to obtain other permits, as provided for by other departments. The provisions of the City of Beaumont, Business License Ordinance #333, provides for penalties for lateness in applying for and renewing business licenses. All license taxes are due and payable on or before **July 1st of each fiscal year**. Failure to comply with the provisions of the City of Beaumont, Business License Ordinance, may result in the issuance of a citation, mandating a court appearance.

• Please Check One •

- NEW APPLICATION ☐
CHANGE OF OWNER ☐
CHANGE OF ADDRESS ☐
CHANGE OF BUS. NAME ☐
HOME OCCUPATION ☐

		• OFFICIAL USE ONLY •	
Business Name	_____	BUSINESS LIC. NO.	_____
Business Location	_____	RECEIPT NO.	_____
	_____	EXPIRATION DATE	_____
Mailing Address	_____	PENALTIES	_____
	_____	LICENSE FEE \$	_____
	_____	DATE PAID	_____
Business Phone () _____	Bus. Fax () _____	CHECK #	_____ <input type="checkbox"/> CASH
Start Date _____	SIC Code _____	License Reviewed & Approved by:	
Description of Business _____		Planning	_____ / _____
Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Ltd Liability Corp <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Trust		Building	_____ / _____
State Lic. No. _____	∴ Workers' Comp No. _____	Fire	_____ / _____
Resale No. _____	Federal ID No. _____	Police	_____ / _____
		Expiration Date	_____
		Health Permit No.	_____
∴ If you do not have Worker's Compensation, please see back of form			

CONFIDENTIAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers

Owner Name _____	Title _____	Phone () _____
Home Address _____		Cell Phone () _____
City _____	State _____	Zip _____
Social Security No. _____	Drivers License No. _____	Email Add. _____
Owner Name _____	Title _____	Phone () _____
Home Address _____		Cell Phone () _____
City _____	State _____	Zip _____
Social Security No. _____	Drivers License No. _____	Email Add. _____

CONFIDENTIAL INFORMATION - In case of emergency, please contact:

Name _____	Title _____	Phone () _____
Address _____		Cell Phone () _____
City _____	State _____	Zip _____

ALARM COMPANY

Name _____	Phone () _____
Address _____	License No. _____

Class 1 Only - Estimated Gross Receipts <input type="text"/>	License Fees <input type="text"/>
No. of Employees <input type="text"/>	TOTAL AMOUNT DUE \$ <input type="text"/>
Class 3 Only No. of Professionals <input type="text"/> No. of Sub-Professionals <input type="text"/> No. of Clerical <input type="text"/>	<i>I declare, under penalty of perjury, that this application has been examined by me, and to the best of my knowledge is true and correct.</i>
Class 2 Only - No. of Units/ Beds/Storage Spaces <input type="text"/>	Signature _____
Class 6 Only - Combined MFG Weight <input type="text"/>	Print Name _____ Date _____
	Title _____
	Thank you for doing business in the City of Beaumont
	PLEASE MAKE CHECK PAYABLE TO THE CITY OF BEAUMONT